Department of Revenue Services
State of Connecticut
25 Sigourney Street
Hartford CT 06106
REG-7 (Rev. 01/05)

Connecticut 7	Гах	Registration	Number
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REG-7

Application for Authority to Collect Connecticut Use Tax

Connecticut Use Tax								
Read the instructions on the back before you complete this application.								
1. Business Name and Address								
Organization Name (Enter name of sole proprietor, partnership, corporation,	or LLC)	FEIN						
Business Trade Name								
Business Trade Name								
Business Location: Enter physical address of the business. A post office box or rural route number is not acceptable.								
Address Line 1	Address Line 2							
City	State	ZIP Code						
	State	3333						
Mailing Address Line 1 (Street or PO Box)	Address Line 2							
City	State	ZIP Code						
	Stato	211 0000						
Business Telephone Number E-mail Address		Bank Name						
2. Business Information								
Type of Organization:								
☐ Sole Proprietorship ☐ Corporation	☐ S Corpora	tion						
☐ Limited Liability Company (LLC) ☐ Single Member LLC (SMLLC) ☐ Limited Liability Partnership (LLP) ☐ Check if taxed as a corporation								
☐ Limited Partnership ☐ Other (explain)):							
Enter the date this business started making sales into Connecticut / /	If a corporation, give the state of incorporation.							
3. Nature of Business Activity								
Check the box(es) that best describe your business: Retailer	Dravidar 00	Mhor (ovelain)						
Retailer Wholesaler Wandacturer Service	Provider 🗀 O	ther (explain):						
4. Major Business Activity Describe your major business activities:								
Describe your major business activities:								

5. List All Owners, Partners, Corporate Officers, or LLC Members (attach a separate sheet if needed)								
Name (Last, First, Middle Initia)		Title					
Home Address Line 1 (Street)			Home Address Line 2					
City State			ZIP Code	Home Telephone Number ()				
SSN	Date of I	Birth /	Bank Name					
Name (Last, First, Middle Initia)			Title				
Home Address Line 1 (Street)			Home Address Line 2					
City		State	ZIP Code	Home Telephone Number				
SSN	Date of I	Birth /	Bank Name					
Name (Last, First, Middle Initia)		•	Title				
Home Address Line 1 (Street)			Home Address Line 2					
City		State	ZIP Code	Home Telephone Number				
SSN	Date of I	Birth / /	Bank Name					
6. All Applicants Must	Sign the Following Dec	claration						
I declare under penalty of law that I have examined this application and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false application to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both.								
Sign Here				Telephone Number				
for your records. Print Name of 0	Owner, Partner, LLC Member,	or Corporate Officer	Title	Title /				
Purpose: Out-of-state retailers, not engaged in business in Connecticut, use REG-7 to register with the Department of Revenue Services (DRS) for the authority to collect use tax on their sales of goods to be used in Connecticut. Enter a business mailing address if different from the physical location. If it is not different, enter "same as above." Business Information: Check the appropriate box to indicate the type of organization of the business is								

Business Name and Address: Enter the exact legal name of business for which this application is being completed. If the business entity is a sole proprietorship or partnership, enter the legal name or names of the owners.

Enter the Federal Employer Identification Number assigned to this business. Sole proprietors not assigned a Federal Employer Identification Number, leave this box blank.

Enter the trade name of this business if different from the legal name of the business entity. If it is not different, enter "same as above".

Enter the physical location of this business (number and street address, city, state, and ZIP code) and the business e-mail address, telephone number, and bank name. Do not enter a post office box number.

Business Information: Check the appropriate box to indicate the type of organization of the business. If this business is incorporated, enter the state under which it is incorporated.

Enter the date on which this business started or will start to make sales into Connecticut.

Nature of Business Activity: Check the box(es) that best describe your business.

Major Business Activity: Describe fully the activities of this business, particularly its sales activities connected with Connecticut.

Owners, Partners, Corporate Officers, or LLC Members: Enter the name, title, home address, home telephone number, Social Security Number (SSN), date of birth, and bank name of all owners, partners, corporate officers, or LLC members. Attach a list if you need more space.

Declaration: An owner, partner, LLC member, or corporate officer must sign the application.